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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/538,963
Filing Date	08-04-2005
First Named Inventor	Ofer David
Art Unit	
Examiner Name	
Attorney Docket Number	ELG-P-5522-US

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

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The reasons for this request are: Instructed to withdraw by client.**CORRESPONDENCE ADDRESS**

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Registration No.

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Date

June 5 2007

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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for maintaining a reasonable extension period, the request to withdraw is normally disapproved.

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